

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3416**
Registrar's No. **0287**

FILED JAN 26 1954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0287	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis mo		c. LENGTH OF STAY (in this place) 5 days		c. CITY OR TOWN Willard		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				e. STREET ADDRESS (If rural, give location) Route 2 0390			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) T c. (Last) West			4. DATE OF DEATH (Month) (Day) (Year) 1-10-54				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 17, 1890		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car penter		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and State or Foreign Country) Callahan Co., Texas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Alvin West			13b. MOTHER'S MAIDEN NAME Mary Sadler		14. NAME OF HUSBAND OR WIFE Cordie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Alene Aiken, Springfield, Mo. ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA (ANURIA) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ?BLOOD TRANSFUSION REACTION DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 9 DAYS 9 DAYS	
19a. DATE OF OPERATION 12-31-53		19b. MAJOR FINDINGS OF OPERATION SPRINGFIELD; MO. Cholecystitis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 585X			
22. I hereby certify that I attended the deceased from 1-6- , 19 54 , to 1-10 , 19 54 , that I last saw the deceased alive on 1-10 , 19 54 , and that death occurred at 2:25 pm. , from the causes and on the date stated above.							
23a. SIGNATURE H. Bradla (Degree or title) M.D.			23b. ADDRESS BARNES HOSPI TAL			23c. DATE SIGNED 1-10-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-10-54	24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Springfield, Mo.		
DATE REC'D BY LOCAL REG. JAN 11 1954		REGISTRAR'S SIGNATURE H. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd. ADDRESS _____			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 10 1937

FEB 2 1937

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or~~ by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elton H. Remick*.....

Licensed Embalmer No. *42*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.